

Funding Opportunity

Government of the District of Columbia Department of Health
Hiv/AIDS, Hepatitis, STD, and TB Administration

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Request for Applications (RFA)

RFA# HAHSTA_HSG_6.14.13

Facility-Based Housing and Supportive Services



Notice of Funding Availability

DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH
HIV/AIDS, HEPATITIS, STD & TB ADMINISTRATION (HAHSTA)
NOTICE OF FUNDING AVAILABILITY (NOFA)

Request for Applications (RFA) # HAHSTA_HSG_6.14.13

FY 2014 Housing Opportunities for Persons with AIDS (HOPWA)

The Government of the District of Columbia, Department of Health HIV/AIDS, Hepatitis, STD & TB Administration (HAHSTA) is soliciting applications from qualified applicants to provide the following to indigent persons living with HIV/AIDS disease and their families:

- Emergency facility-based housing
- Transitional facility-based housing
- Housing-related support services

In FY 2014, approximately \$2,000,000 in Housing Opportunity for Persons with AIDS (HOPWA) funds are expected to be available from the U.S. Department of Housing and Urban Development (DCHF12F001). FY 2014 HOPWA grant awards are projected to begin October 1, 2013. Funding for FY 14 awards and possible option years are contingent upon availability of funds.

The following entities are eligible to apply for grant funds under this RFA:

- Not-for-profit, facility-based housing programs

All organizations must be located within and provide services in the District of Columbia. Funded programs must include client rental assistance or client occupancy costs, facility operations costs, and support services.

The release date for RFA # HAHSTA_HSG_6.14.13 is Friday, June 14, 2013. The District of Columbia, Department of Health, HIV/AIDS, Hepatitis, STD & TB Administration will have the complete RFA available for pick up at 899 North Capitol St. NE, 4th Floor and on the DC Grants Clearinghouse website at www.opgs.dc.gov on Friday, **June 14, 2013.**

The Pre-Application conference will be held at the District of Columbia Department of Health at 899 North Capitol St. NE, 4th Floor, Washington, DC 20002, **on Thursday, June 27, 2013, from 10:00 AM to Noon.**

The Request for Application (RFA) submission deadline is 4:45 pm Tuesday, July 23, 2013.

If you have any questions please contact T'Wana L. Holmes via e-mail twana.holmes@dc.gov or by phone at (202) 671- 4900.

Terms and Conditions

The following terms and conditions are applicable to this and all Requests for Applications issued by the District of Columbia Department of Health (DOH):

1. Funding for an award is contingent on continued funding from the DOH grantor or funding source.
2. The RFA does not commit DOH to make an award.
3. DOH reserves the right to accept or deny any or all applications if the DOH determines it is in the best interest of DOH to do so. DOH shall notify the applicant if it rejects that applicant's proposal.
4. DOH may suspend or terminate an outstanding RFA pursuant to its own grant making rule(s) or any applicable federal regulation or requirement.
5. DOH reserves the right to issue addenda and/or amendments subsequent to the issuance of the RFA, or to rescind the RFA.
6. DOH shall not be liable for any costs incurred in the preparation of applications in response to the RFA. Applicant agrees that all costs incurred in developing the application are the applicant's sole responsibility.
7. DOH may conduct pre-award on-site visits to verify information submitted in the application and to determine if the applicant's facilities are appropriate for the services intended.
8. DOH may enter into negotiations with an applicant and adopt a firm funding amount or other revision of the applicant's proposal that may result from negotiations.
9. DOH shall provide the citations to the statute and implementing regulations that authorize the grant or subgrant; all applicable federal and District regulations, such as OMB Circulars A-102, A-133, 2 CFR 180, 2 CFR 225, 2 CFR 220, and 2 CFR 215; payment provisions identifying how the grantee will be paid for performing under the award; reporting requirements, including programmatic, financial and any special reports required by the granting Agency; and compliance conditions that must be met by the grantee.
10. If there are any conflicts between the terms and conditions of the RFA and any applicable federal or local law or regulation, or any ambiguity related thereto, then the provisions of the applicable law or regulation shall control and it shall be the responsibility of the applicant to ensure compliance.

Additional information about RFA terms may be obtained at www.opgs.dc.gov (City-Wide Grants Manual)

If your agency would like to obtain a copy of the **DOH RFA Dispute Resolution Policy**, please contact the Office of Grants Management and Resource Development at doh.grants@dc.gov or call (202) 442-9237. Your request for this document will not be shared with DOH program staff or reviewers. Copies will be made available at all pre-application conferences.

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Section I. Overview

Purpose of this Request for Applications (RFA)

This purpose of this Request for Applications (RFA) is to implement services to prevent or reduce homelessness among people with HIV/AIDS and their families, and to assist them in obtaining or maintaining residency in stable housing. A secondary goal is to improve health outcomes through stabilizing housing. The services will be supported by a combination of funds from the federal Housing Opportunities for Persons with AIDS (HOPWA) program and local appropriated funds.

The services supported under this RFA are in the context of the full range of housing, medical and support services available to low-income people with HIV and their families in the District of Columbia.

HAHSTA encourages applications that demonstrate an understanding of the role of supportive services, and ensures housing clients benefit from supportive services available from all funding sources. Supportive services are intended to provide critically important support for individuals and families to maximize the likelihood of successful housing service delivery.

Successful applicants shall demonstrate their ability to assess the need of clients for housing-related supportive services, understand the extent to which those needs are met through services supported through other funding sources, create a customized plan to ensure the provision and evaluation of supportive services and prepare clients for long-term, future housing independence.

Three distinct, complementary housing services will be funded through this RFA:

- Facility Based Housing (Emergency)
- Facility-Based Housing (Transition)
- Supportive Services

In addition, applicants may propose project sponsor administrative costs.

Measurable Outcomes

Measurable outcomes are consistent with the Consolidated Plan for the District of Columbia. Key indicators to be reported by each successful applicant include, but are not limited, to:

- The number of chronically homeless persons with HIV/AIDS who are housed.
- The number of marginally housed persons with HIV/AIDS who are moved to stable, long-term housing.

- The number of households who are supported to maintain stable housing.
- The number of persons with HIV/AIDS housed through the HOPWA program who are effectively transitioned to long-term or permanent housing supported by other sources of funding.
- The amount of leveraged resources (housing assistance and/or supportive services) that are secured to extend the funding available through this procurement.
- Number of households receiving housing assistance that house one or more individuals receiving appropriate HIV primary health care.
- Number of individuals with HIV/AIDS receiving housing assistance who are also able to access ongoing medical assistance support.
- Increases in income from employment or benefits among those receiving housing assistance.
- The number and proportion of people with HIV who receive housing assistance and receive regular primary outpatient medical care and medical case management services.

Available Funding

HAHSTA anticipates a total of \$2,021,900 will be awarded through this RFA. All awards are subject to availability of funding.

Tabled below for each service category are the expected amount of the award and the number of awards expected.

Service Category	Expected Funds	Expected Awards
Facility-Based Housing (Emergency)	206,500	Up to 2
Facility Based Housing (Transitional)	1,338,300	Up to 10
Supportive Services	335,600	Up to 12
Project Sponsor Administration	141,500	Up to 12
Total	2,021,900	

Period of Funding

One year sub-grants supported by funds awarded under this RFA are expected to begin on October 1, 2013.. Pending performance reviews, compliance with reporting requirements and availability of funds, grants may be extended for two option years after September 30, 2014.

Eligible Applicants

The following are eligible organizations/entities who can apply for grant funds under this RFA:

- Not-for-profit organizations with a demonstrated track record in providing housing and/or services to people living with HIV/AIDS and/or homeless people.
- Not-for-profit organizations with strong fiscal management skills and experience.
- Public housing agencies.

Clients to be Served

The target population for HOPWA services is high-need HIV-positive individuals and families living at or below 80% of the Area Median Income who are homeless or at elevated risk of homelessness. Special emphasis should be afforded those individuals with HIV who have consistently poor health outcomes and are not served by a full range of health care, housing and supportive services.

This may include – but is not limited to – HIV-positive individuals and families who are multiply diagnosed with co-occurring addiction or mental health disorders, chronically homeless, recently released from incarceration or other custody.

Applications for Multiple Categories

Category A: Facility-Based Housing (Emergency) and Category B: Facility-Based Housing (Transitional) programs shall be proposed to support the direct costs of providing housing. These proposed programs may be supported by multiple funding sources.

Applicants may submit proposals for either or both of Category A or Category B.

Applicants for either Category A or Category B may also apply for funding to provide one or more supportive services to clients served under Category C.

A separate Program Plan and budget is required for each category.

Applicants with funding sources that support the direct costs of providing either Category A: Facility-Based Housing Services (Emergency) or Category B: Facility-Based Housing (Transitional) may submit an application to request funding for Category C. Applicants in these circumstances should prepare and submit a complete application, describe the direct housing services provided and the alternate funding source for direct housing services, and indicate that no funding is requested for direct housing services. The portion of the application for Supportive Services should be complete and consistent with the direct housing services described.

Section II. Program Plan

Facility-Based Housing (Category A and Category B)

This section of the RFA includes information that applies to Category A: Facility-Based Housing (Emergency) and Category B: Facility-Based Housing (Transitional). See below for information specific to each of Category A and Category B.

A critical component for Facility-Based Housing services is developing and executing a plan for each client that maximizes self-sufficiency by the end of the placement, the length of which varies between Category A and Category B.

Ensuring that clients can access appropriate supportive services is an important component of any successful HOPWA program and will be a key evaluative measure used to determine funding awards. See Category C: Supportive Services of this RFA for a description of supportive services available under this RFA. Applicants may choose to apply for funding under Category C, and may also describe supportive services that will be provided to clients indirectly, that is, through a documented relationship with another service provider or through an alternate funding source.

The entry point for clients into Facility-Based Housing services within the District of Columbia is the single point of entry program called the Metropolitan Housing Access Program (MHAP). The role of the MHAP is to invite clients and prospective clients into the system of housing by determining and documenting eligibility, to maintain an inventory that includes housing programs funded by a variety of local and federal sources, and to provide services to clients waiting for housing services. Successful applicants must demonstrate an ability to establish and maintain a linkage with the MHAP for the purpose of gaining access to clients and demonstrating client eligibility.

Programs may include a description of a plan to implement, monitor and maintain organizational linkages to primary health care, medical case management, mental health treatment, permanent housing placement services, and long-term substance abuse treatment. This plan should include a thorough description of how each program plans to track and support clients in getting into and adhering to medical care protocols.

All applicants must demonstrate:

- Capacity to meet all federal, state, and local regulations including those stipulated in the HOPWA regulations (24 CFR part 574).
- That all facilities funded by HOPWA meet Housing Quality Standards and provide documentation upon request of an environmental review as required by the HOPWA regulations (reference 24 CFR Part 574).

- Leveraged funds to support costs not funded through the HOPWA grant. Awards may not cover the entire cost of programming for the facility. Each provider should show an ability to leverage other funding sources in support of the HOPWA program.
- A quality management plan to ensure the delivery of high quality housing services.
- Capacity to meet data reporting and record keeping requirements as established by HAHSTA and by the US Department of Housing and Urban Development (HUD).
- An ability to provide non-discriminatory, culturally competent services to the target population.
- Expertise in providing services to the target population(s) proposed.
- Plan to establish and maintain organizational linkages with health care and supportive services including primary health care, medical case management, mental health treatment, permanent housing placement services, and long-term substance abuse treatment.

Required Program Service Elements

The plan for these funds is to support programs designed to provide an intensive set of housing and housing support services for high need clients who either cannot be housed through other area emergency shelters and transitional housing programs or who would be at-risk for continued homelessness and poor health outcomes without targeted assistance.

All applications must propose to provide all of the following service **on site** through direct DOH funding or through leveraged funding support:

- Client residency or occupancy costs
- Sufficient staff to ensure that clients are assessed and re-assessed for support service needs, participation in medical care, and options for permanent housing placement and linked as appropriate to a continuum of care to address their individualized needs.

Supportive services must be available as part of the required program service elements, but may be provided on-site, off-site or through a formal linkage with another organization. Funding available for supportive services under this RFA is very limited, and applicants are expected to describe their plan to meet the supportive service needs of their clients through any combination of HOPWA funding, alternative funding sources and documented relationships with partners.

Applicants must demonstrate how the provision of service delivery will improve client access to long-term housing that maximizes the self-sufficiency of the client and maintains clients in ongoing HIV primary care.

The applicant must define the proposed target population by describing the need for services as well as the organization's expertise in addressing those needs. Applicants must demonstrate how the proposed mix of program service elements will assist the target population in achieving permanent housing placement and linkages to medical care. The applicant should emphasize the particular service elements that are most impactful in assisting the target population in overcoming barriers to housing and health care.

Awards for Category A: Facility-Based Housing (Emergency) and Category B: Facility-Based Housing (Transitional) will be budgeted and reimbursed on the basis of a fee to be paid for each unit of service. For the purposes of this RFA, a unit of service is defined as a "Night of Care," that is, housing provided to an eligible client that includes an overnight stay. See the section "Budget Development" for instructions on calculating and proposing a rate for a "Night of Care."

Category A: Facility-Based Housing (Emergency)

For the purposes of this RFA, Facility-Based Housing (Emergency) is a program serving HIV positive, homeless individuals or families who are not eligible or ready for emergency shelter placement. "Homeless" individuals lack a primary nighttime residence or are sleeping in a place that is not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. Not included in this definition are those individuals who are temporarily staying in another emergency shelter or transitional housing program or who have other temporary arrangements for nighttime residence such temporarily staying with friends or relatives.

Applicants for Facility-Based Housing (Emergency) must demonstrate an ability to serve non-shelter ready client populations. These populations may include but are not limited to

- Individuals recently released from medical facilities without a discharge plan that includes housing.
- Individuals returning from incarceration without a placement plan that includes housing.
- Individuals who are situationally homeless, that is, without shelter and without resources or prospects for housing.
- Individuals who may have difficulty finding sufficient shelter placement due to gender presentation.

Organizations seeking to promote permanent housing for individuals and families unstably or temporarily housed should refer to Facility Based Housing (Transitional) service category of the RFA.

Each applicant should demonstrate established linkages with area emergency shelters for the purposes of referring shelter ready clients and for ensuring that residents who do not have a more permanent housing option at the end of 60-days are not discharged without a shelter option.

A critical component for Facility-Based Housing (Emergency) services is developing and executing a plan for each client that maximizes self-sufficiency by the end of the sixty-day placement, which may include placement in a longer-term housing program.

A Facility-Based Housing (Emergency) program may provide residence to any individual for no more than sixty (60) days during any six month period.

Category B: Facility-Based Housing (Transitional)

Facility-Based Housing (Transitional) is a facility serving HIV positive, individuals or families with housing assistance, with the goal of assisting the client(s) to access and maintain permanent housing placement with maximum self-sufficiency. Programs applying for transitional housing must demonstrate an ability to serve client populations that, without programmatic support would be at-risk for continued homelessness. Such populations may include but are not limited to

- Individuals recently released from a correctional facility with a plan that includes Facility Based Housing (Transitional) program.
- Individuals in a Facility-Based Housing (Emergency) program prepared for a Facility-Based Housing (Transitional Program).
- Individuals in need of a supportive housing program, including individuals with a history of substance abuse, mental illness, domestic violence or other factors that challenge housing stability.

A transitional program may provide assistance any individual or family for no longer than two years (twenty-four months). Each organization should ensure and be able to demonstrate that the program design promotes permanent housing placement efficiently with shortest residency time necessary to stabilize the client.

Emphasis should be placed on the programmatic elements necessary to address barriers to long-term housing for the identified target population. This should include linkages to services designed to promote skills building, address needs and remove barriers. Programs must demonstrate an ability to provide their identified target population access to the continuum of services necessary to promote housing self-sufficiency, skills building, and positive health outcomes. Applicants must show an ability to support and confirm placement in both long-term housing and in a medical home.

Category C: Supportive Services

Funding is available for the Supportive Services listed below. Generally, the supportive services available under this RFA are intended to provide services to improve the housing stability and self-sufficiency of clients served.

The amount awarded for supportive services for any sub-grant will be no more than twenty-five percent of the total funding for Category A: Facility-Based Housing (Emergency) plus Category B: Facility-Based Housing (Transitional) programs plus Category C: Supportive Services. For the purposes of calculating the allowable Supportive Services amount, applicants may include funds they are requesting under Category A and Category B, as well as any other funding currently available to the organization that support Facility-Based Housing (Emergency) or Facility-Based Housing (Transitional) services.

Funds provided under this RFA are funds of last resort. Applicants must demonstrate that the funding requested for supportive services is not available through other funding sources.

Supportive Services Available

The supportive services listed below are permissible for funding under this RFA, and constitute a sub-set of supportive services that are permitted under the HOPWA legislation. Excluded from this list of available supportive services are those services supported by Medicaid in the District of Columbia.

Case Management, Client Advocacy, Access to Benefits and Services

This supportive service may be proposed for case management activities specific to the housing stability of the client and will not be awarded for general case management. Activities that are available are

- Developing, implementing and managing a housing stability plan. The housing stability plan should include as appropriate elements of the initial psychosocial screening conducted as part of the entry into the Facility-Based Housing program.
- Screening for, and enrollment of the client and family members in benefits, including food stamps, Medicaid and Social Security Income and Social Security Disability Income.
- Ongoing client co-management with an ambulatory outpatient medical care provider and associated medical case management.

Costs associated with the supervision of staff providing this service is a permissible expense. Applicants should describe the credentials of the supervisor (for example, Licensed Clinical Social Worker) and the frequency of supervision.

Meals and Nutritional Services

This supportive service may be proposed to provide meals, snacks and nutritional supplements to clients served by the Facility-Based Housing program.

Transportation Assistance, including Metro Passes

This supportive service may be proposed to support transportation of new clients to the Facility-Based Housing site, or to transport clients from the site to medical and supportive services, or other activities detailed in their housing stability plan.

Applicants may propose to use a licensed, insured vehicle to provide transportation, and will propose a methodology to allocate costs for the residents served under the Facility-Based Housing program.

Applicants may propose to purchase and distribute fare card and SmarTrip passes, and will propose a plan to ensure security of the fare cards and passes, as well as a means to ensure that the passes are used for transportation to and from the Facility Based Housing site and the allowable service or activity. Note: Organizations funded in the District of Columbia with CARE Act funds may have a budget to support the transportation of clients for services provided on site.

HIV/AIDS Substance Abuse Counseling Services

Applicants may propose services under this supportive service activity that are not included as a Medicaid benefit. For a listing of Medicaid benefits, please see the web location s

<http://dhcf.dc.gov/service/medicaid>

Awards for Category C: Supportive Services will be budgeted and reimbursed on a cost-reimbursement basis. Applicants will describe the staff and other related costs requested for providing the supportive services proposed. See the section “Budget Development” for instructions on developing a budget for Category C: Supportive Services.

Section III. Application Preparation and Submission

Application Elements:

1. Attachment A: RFA Checklist
2. Attachment C: Applicant Profile
3. Attachment H: Budget and Budget Narrative
4. Table of Contents (One page)
5. Abstract (One page)
6. Population(s) to be Served and Need (Maximum five pages)
7. Organizational Capacity (Maximum seven pages)
8. Program Plan(s) as applicable
 - a. Program Plan Category A: Facility Based Housing (Emergency) Maximum ten pages

- b. Program Plan Category B: Facility-Based Housing (Transitional) Maximum ten pages
- c. Program Plan Category C: Supportive Services (Maximum five pages)

9. Attachments

Attachment D: Client Summary

Attachment E: Linkages Summary

Attachment F: Other Sources of Funding Table

Attachment M: Capacity to Provide Culturally Competent Services

Attachment N: Medicaid Eligibility Chart (if applicable)

Attachment O: Certification, Lobbying, et al.

Attachment P: Federal Assurances (DOH)

Attachment Q: DOH Statement of Certification

Applicants should feel free to submit fewer pages than the maximum stated. The maximum number of pages for each section **cannot exceed that stated above.** The review panel shall not review applications that do not conform to these requirements.

Application Element Details

This section provides some additional information on selected application elements. Many of the application elements consist of forms that are not described below, but are required for submission and review.

Each application package is required to contain the following information and shall be divided by labeled index tabs that clearly mark each section. Applications must conform to the page requirements by section detailed below.

2. Attachment C: Applicant Profile

Each application shall have an Attachment C: Applicant Profile affixed to the outside of each envelope, which identifies the applicant, type of organization, project service category and the amount of grant funds requested. Project service categories or funds not included on this profile may not be considered for review.

7. Table of Contents

Lists major sections of the application with quick reference page indexing. Failure to include an accurate Table of Contents may result in the application not being reviewed fully or completely.

8. Abstract

This section of the application should provide a summary overview of the applicant's total grant application including a description of how the proposed service(s) will improve housing stability, promote self-sufficiency, enhance quality of life and engage clients living with HIV into medical care.

The application should provide a narrative description organized in the following sections. Proposals will be evaluated on the basis of the narrative provided. See the “Review Process” section for the scoring criteria and points available.

9. Population(s) to be served and Need for Services (Maximum five pages)

Provide a description for the population(s) served through this RFA. Include in this discussion

- The demographic characteristics of the population to be served, including racial and ethnic distribution, gender, age and family status.
- The geographic area in which the population is found.
- The geographic area in which the population will be served.
- The barriers to service commonly experienced.
- Provide a description of the specific housing-related needs of the population to be served.

10. Organizational Capacity (Maximum seven pages)

Describe the experience and capability of the applicant with regard to providing housing and housing support services. Include in this discussion

- The type of housing and housing supportive services currently provided.
- The other services (that is, other than housing and housing supportive services) provided by the organizations to people with HIV/AIDS, or people with other chronic illness.
- The ability of the organization to expand services in the event that additional funds become available under this category.
- The current capacity of the organization to collect, analyze and report program data. Provide examples of similar services on which the organization now reports, if appropriate.

- The experience of the organization in maintaining partnerships with other organizations, including a discussion of the documentation of these partnerships. Describe in particular any partnerships with providers of ambulatory outpatient medical care.
- Experience with managing a program that requires understanding and knowledge of general housing principles, for example, property management, development, landlord-tenant rights and responsibilities, housing intake, resource and referral management, lease negotiation, mediation.
- Provide a summary of the housing status of each client served during the twelve months that began October 1, 2011. Specifically, provide the unduplicated number of individuals served.
- Provide the number of clients served by either emergency or transitional housing assistance whose term of service (up to six months for Emergency, up to twenty-four months for Transitional) concluded during the twelve month period. The term of service is up to six months for emergency housing assistance, and up to twenty-four months for transitional housing assistance.
- Of these clients, the number and proportion of clients whose housing status at the end of the term of service
- Changed from Emergency to Transitional Housing assistance
- Change Emergency Housing provider
- Changed from Transitional to Permanent housing, including permanent subsidized housing
- Changed Transitional Housing provider
- Continued service beyond the expected term of service
- Unknown
- Other

11.a. Program Plan for Category A: Facility-Based Housing (Emergency) (Maximum ten pages)

Provide a description of the services to be provided in this category. Describe

- The plan to respond to the key activities described for this service category. Include a complete description of the proposal to establish or maintain collaborations.

- The set of services that will comprise the Facility-Based Housing Program, including location, capacity and staffing related to the Facility Cost.
- Describe the number of clients served during a recent twelve-month period (beginning no later than October 1, 2011), and provide a summary of the results of the service to the client. In particular, provide a summary listing of the housing status of clients served at the end of a sixty-day emergency housing placement. If available, provide a summary listing of the housing status of clients served six months following the end of a sixty-day emergency housing placement.
- The impact of the services proposed. Provide a specific plan for addressing the barriers most commonly experienced by the clients and potential clients targeted.
- The capacity of the proposing organization to provide the services proposed in ways that are culturally appropriate and linguistically competent for the populations proposed to be served.
- The plan for developing and implementing a housing stability plan for each client during residence in the Facility-Based Housing (Emergency) program.
- The plan for data collection, analysis and reporting. Propose key elements that should comprise the data collected.

11.b. Program Plan for Category B: Facility-Based Housing (Transitional) (Maximum ten pages)

Provide a description of the services to be provided in this category. Describe

- The plan to respond to the key activities described for this service category. Include a complete description of the proposal to establish or maintain collaborations.
- The set of services that will comprise the Facility-Based Housing Program, including location, capacity and staffing related to the Facility Cost.
- Describe the number of clients served during a recent twelve-month period (beginning no later than October 1, 2011), and provide a summary of the results of the service to the client. In particular, provide a summary listing of the housing status of clients served at the end of a transitional housing placement. If available, provide a summary listing of the housing status of clients served six months following the end of the transitional housing placement.
- The impact of the services proposed. Provide a specific plan for addressing the barriers most commonly experienced by the clients and potential clients targeted.

- The capacity of the proposing organization to provide the services proposed in ways that are culturally appropriate and linguistically competent for the populations proposed to be served.
- The plan for developing and implementing a housing stability plan for each client during residence in the Facility-Based Housing (Transitional) program.
- The plan for data collection, analysis and reporting. Propose key elements that should comprise the data collected.

11.c. Program Plan for Category C: Supportive Services (Maximum five pages)

Provide a description of the services to be provided for each supportive service proposed in this category. Describe

- A concise description of the need for each Supportive Service proposed, and a clear description of the elements of each proposed Supportive Service. The description of each proposed Supportive Service should have a clear and compelling association with improving the housing stability of the client, and contributing to long-term self-sufficiency.
- The impact of the services proposed. Provide a specific plan for addressing the barriers most commonly experienced by the clients and potential clients targeted.
- The capacity of the proposing organization to provide the services proposed in ways that are culturally appropriate and linguistically competent for the populations proposed to be served.
- The plan for developing and implementing a housing stability plan for each client during residence in the Facility-Based Housing (Transitional) program.
- The plan for data collection, analysis and reporting. Propose key elements that should comprise the data collected.
- The staffing proposed, include percentage of time supported by this grant, to provide each Supportive Service, including necessary direct and clinical supervision.

Application Format

- Font size: 12-point unreduced
- Spacing: Double-spaced
- Paper size: 8.5 by 11 inches

- Page margin size: 1 inch
- Numbering: Sequentially from page 1 (Application Profile, Attachment B) to the end of the application, including all charts, figures, tables, and appendices.
- Printing: Only on one side of page
- Binding: Only by metal (binder) clips or by rubber bands; do not bind in any other way

Application Submission

Applications must be submitted to the appropriate administrative agency **by 4:45 p.m. on Tuesday, July 23, 2013**. Applications delivered after the deadline will not be reviewed or considered for funding. Applicants are required to submit an original hard copy, printed copies of the application and a copy on compact disk (CD) or jump drive. The original hard copy, each copy, and the CD or jump drive (where applicable) must be submitted in separate envelopes. Each of the envelopes must have a copy of the RFA Checklist (Attachment A), Applicant Profile (Attachment C) and Application Receipt (Attachment J) attached.

An electronic copy of the application must be submitted via jump drive inclusive of all application elements and attachments, compiled in separate files labeled with the titles as listed in Attachment A : RFA Checklist.

Applications that are mailed or delivered by messenger or courier services must be sent in sufficient time to be received by the deadline at the appropriate locations. Applications arriving via messenger or courier services after **4:45 p.m. on Tuesday, July 23, 2013** will not be accepted.

Submit one printed original, three printed copies one copy on a jump drive of your application package.

Staff of the HIV/AIDS, Hepatitis, STD, TB Administration Care, Housing and Support Service Bureau must accept and provide a written receipt for application(s) and assurance package(s) for them to be considered received.

Applications must be delivered to:

District of Columbia Department of Health
HIV/AIDS, Hepatitis, STD and Tuberculosis Administration
899 North Capitol Street NE Fourth Floor
Washington DC 20002

Note: The location is in a government facility. All individuals entering the building will be required to show a government-issued identification and be screened by security staff.

Delays in entering the building or proceeding to the Fourth Floor will not be grounds for accepting applications after the 4:45 PM on July 23, 2012.

Section IV. Application Procedures

1. Pre-application Conferences

One Pre-Application Conference will be held, on **Thursday, June 27, 2013 from 10:00 AM to noon** at the district of Columbia Department of Health, 899 North Capitol Street NE Fourth Floor, Washington, DC 20002.

2. Internet

Applicants who received this RFA via the Internet shall e-mail T’Wana Holmes at Twana.Holmes@DC.Gov with the information listed below. Please be sure to put “RFA Contact Information” in the subject box.

Name of Organization
Key Contact
Mailing Address
Telephone and Fax Number
E-mail Address

This information shall be used to notify applicants re: updates or addenda to this RFA.

3. Letter of Intent

A letter of intent (LOI) is not required, but this information will assist HAHSTA in planning for the review process. Please fax only one LOI per organization to HAHSTA, using the form in Attachment I, no later than noon on June 27, 2013. Copies of the LOI may be submitted at the Pre-Application Conference.

4. Contact Information of Applicants

In order to ensure consistent access to information about this RFA, HAHSTA asks that all questions or requests for clarification be sent via e-mail T’Wana L. Holmes at Twana.Holmes@DC.Gov. The last day to submit questions for a response is Monday, July 8, 2013.

HAHSTA will notify all potential applicants in writing of any updates, addenda and responses to frequently asked questions.

Note: This information can only be received if you have provided HAHSTA with your contact information at either the pre-application conference or via e-mail to the HAHSTA contact.

HAHSTA Contact: T'Wana L. Holmes
E-Mail: Twana.Holmes@DC.Gov
Phone: (202) 671- 4900.

Section V. Review Process and Funding Decisions

Applications will be reviewed by HAHSTA staff and a panel of external reviewers. The applications will be reviewed and scored based on the criteria below. It would be helpful for applicants to review the criteria as that will give guidance on what will be considered a successful application.

Technical Review Panel

The technical review panel will be composed of HAHSTA staff members who will examine each application for technical accuracy and program eligibility prior to the applications evaluation by external reviewers.

External Review Panel

The external review panel will be composed of neutral, qualified, professional individuals who have been selected for their unique experiences in human services, public health, data analysis, health program planning and evaluation, social services planning and implementation. The review panel will review, score and rank each applicant's application, and when the review panel has completed its review, the panel shall make recommendations for awards based on the scoring process. DOH/HAHSTA shall make the final recommendations for funding to the Director.. Applicants' submissions will be objectively reviewed against the following specific scoring criteria listed below.

In addition to your application's comprehensive objective review, the following factors may affect the funding decision:

- Considerations will be given to both high and lower prevalence areas: the number of funded organizations may be adjusted based on the burden of infections in the jurisdiction as measured by AIDS reporting.
- Funded applicants are balanced in terms of targeted racial/ethnic minority groups. (The number of funded applicants serving each racial/ethnic minority group may be adjusted based on the burden of infection in that group as measured by HIV or AIDS reporting.)
- Funded applicants are balanced in terms of targeted risk behaviors and HIV serostatus. (The number of funded applicants serving each risk group may be adjusted based on the burden of infection in that group as measured by HIV or AIDS reporting.)

- Funded applicants are balanced in terms of geographic distribution. (The number of funded applicants may be adjusted based on the burden of infection in the jurisdiction as measured by HIV or AIDS reporting.)
- Funded organizations have substantial experience serving the proposed target population.

Award amounts are dependent available funds.

Scoring Criteria

All applicants responding to the RFA shall be evaluated by the following selection/scoring criteria, with a total possible score of 100 points. The grant applications will be objectively reviewed against the specific scoring criteria listed below.

Note: The total score for applicants will vary. Each Program Plan is evaluated and scored independently. Review of scores will account for these variations.

Scoring Area 1: Population to be Served and Need

Maximum five pages, maximum score 15 points

In this section, the applicant describes the needs for services and the characteristics of the population or population(s) to be served. Evaluation criteria for this section include

1. Applicant demonstrates a thorough understanding of the need for the service proposed.
2. Applicant describes the need for the service proposed in terms of
 - a. The housing-related needs experienced by clients
 - b. The contribution of the service proposed to improve the housing stability of clients.
 - c. The contribution of the service proposed to the long-term self-sufficiency of clients.
 - d. The gaps in existing service systems that the proposed service will address.
3. Applicant demonstrates a clear understanding of the population or population(s) to be served.

Scoring Area 2: Organizational Capacity

Maximum seven pages, maximum score 35 points.

The applicant demonstrated the knowledge and experience necessary to provide the proposed services to the population or population(s) to be served. Evaluation criteria for this section include:

- Applicant demonstrates its technical competence to provide the services proposed.
- Applicant demonstrates the cultural competence and language capacity to provide the services proposed to the population or population(s) to be served. Applicant demonstrates appropriate and necessary sensitivity to remove barriers created by racial and ethnic diversity, economic status, gender identity, disability, sexual orientation and similar factors.
- Applicant has demonstrated the ability to create or maintain partnerships required for provision of the service.

Scoring Area 3: Program Plan

Maximum ten pages, maximum score 50 points for each Program Plan.

In this section, the applicant describes the plan to provide services that meet the needs identified for the population or population(s) to be served. Evaluation criteria for this section include

- Applicant demonstrates a thorough understanding of the barriers to service experienced by the population or population(s) to be served, and has proposed a set of service activities to address those barriers.
- The plan for services includes a clear description of the services to be provided, including a quantifiable set of units of service.
- The plan for services includes a clear description of the number of people with HIV to be served, as well as a clear description of the number of family members of people with HIV to be served.
- The applicant provides detailed information on how the proposed program will be implemented. The applicant presents relevant and realistic objectives and activities. The goals and objective of the activities are clearly defined, measurable and time specific. The applicant describes how services are to be provided (e.g. by the organization or in collaboration with another organization).
- The applicant describes how the program will be effectively managed and demonstrates that the skills and experience of the proposed program staff are adequate to needs of the proposed program.
- The expected impact of the program on the target populations(s) is clearly delineated and justified as to one or more of the following:
- The number of chronically homeless persons with HIV/AIDS who are housed.

- The number of marginally housed persons with HIV/AIDS who are moved to stable, long-term housing.
- The number of households who are supported to maintain stable housing.
- The number of persons with HIV/AIDS housed who are effectively transitioned to housing supported by other sources of funding.
- Number of households receiving housing assistance that house one or more individuals receiving appropriate HIV primary health care.
- The number of persons with HIV/AIDS housed through the program who are effectively transitioned to housing supported by other sources of funding.
- Increases in income from employment or benefits among those receiving housing assistance.

Scoring Area 4: Budget & Budget Narrative

No Points Awarded

The budget and budget narrative will be reviewed during the selection process, but is not included in the scoring of the proposal. Comments on the budget will be invited from the review panel and HAHSTA, and will help guide the negotiation of the budget with those proposals that are recommended for funding.

In preparing budgets, applicants are advised to

- Maximize the cost efficiency of the services provided
- Provide a clear description of the contribution of each item proposed in the budget towards achieving the goals of the program
- Support – to the extent permitted by the funding source – necessary and appropriate indirect and administrative costs

Section VI. Budget Development and Description

For the purposes of this RFA, three distinct approaches are required for development and description of the budget, discussed below in “Budget Development (Facility Based Housing Rate),” “Budget Development (Supportive Services)” and “Budget Development (Project Sponsor Administration)”.

Budget Development (Facility-Based Housing Rate)

Amounts awarded in Category A: Facility-Based Housing (Emergency) and Category B: Facility-Based Housing (Transitional) will be billed and paid on the basis of a night of service provided to an eligible and enrolled client.

For the purposes of this RFA, a night of service is defined as an overnight stay by a client in the facility that includes the hours of midnight to 6:00 AM.

This portion of the budget is solely for the costs of providing a safe and secure facility for housing clients. See the section “Budget Development (Supportive Services)” and “Budget Development (Project Sponsor Administration) for additional opportunities to develop budgets for supportive services and administrative costs.

Step 1. Calculate the total costs for the facility that houses clients. These costs should include the entire costs of the facility for a twelve-month period, and should reflect the actual costs expected to be incurred for the twelve months beginning October 1, 2013.

Applicants may have single facility that provides housing to clients served by HOPWA, as well as clients whose housing costs are supported by other funds. Include the entire cost of the facility, including costs to house clients not served by HOPWA funds.

Some applicants may have a single facility that includes housing for clients as well as space for other activities of the applicant – including supportive services, staff offices, administration and the like. Include the cost of the facility regardless of the purposes of each part of the facility.

Listed below are the permissible costs.

Component	Amount
Occupancy	
Rent	\$
Mortgage	\$
Depreciation	\$
Utilities	\$
Facility Maintenance & Repairs	\$
Housing Supplies (bedding and linens)	\$
Furniture repair, depreciation, replacement	
Purchase or Replacement	\$
Repair and Maintenance	\$
Security	\$
Facility Cost	\$

Applicants may propose additional costs for inclusion among the costs tabled above by providing a clear description of the cost. All costs used to calculate the rate must be

- Described briefly in a narrative
- Specific to the costs of a facility that houses clients.
- Distinct from costs consistent with any supportive service or administrative activity.

Step 2. Determine the proportion of facility costs associated with housing clients. The most common methodology is to determine the proportion based on square footage.

Include square footage associated with private rooms for clients, as well as shared living, dining, kitchen or laundry spaces reserved for client use.

Exclude square footage for any use of the facility for supportive services, administration and the other non-housing activities.

Component	Square Footage	Proportion
Housing Space		
Client Private Space		%
Shared Living Space		%
Shared Dining Space		%
Shared Kitchen Space		%
Shared Laundry Space		%
Other		%
Housing Space (Subtotal)		%
Non Housing Space		%
Administrative		%
Staff Office		%
Supportive Services		%
Other		%
Non Housing Space (Subtotal)		%
Facility Space Total		%

Applicants may propose an allocation methodology other than square footage, and should provide a clear justification. All applicants must provide the distribution of square footage.

A brief narrative is required to describe any space in the sub-category “Other.”

Step 3. Reduce the “Facility Cost” to an appropriate amount based on the proportion of “Housing Space (Subtotal) to produce the “Facility-Based Housing Cost.”

For example, if twenty-five percent of the space is associated with Non-Housing Space, the Housing Space will be equal to seventy-five percent.

Apply the proportion of “Housing Space (Subtotal)” in Step 2 to the “Facility Cost” in Step 1.

	Facility Cost	Housing Space (Subtotal) Proportion	Facility-Based Housing Cost
<i>Note</i>	<i>Calculated in Step 1</i>	<i>Calculated in Step 2</i>	<i>Multiply Facility Cost by Facility-Based Housing Proportion</i>
<i>Example</i>	<i>\$160,000</i>	<i>75%</i>	<i>\$120,000</i>
	\$	%	\$

Step 4. Propose an allocation of the “Facility-Based Housing Cost” among all housing slots supported at the facility. For example, an applicant with a total of ten housing slots and a “Facility Based Housing Cost “of \$120,000 per year will have an allocation of \$12,000 per slot per year. This is the equivalent of \$1,000 per slot per month and \$33.33 per slot per night. In this example, the amount \$33.33 per slot per night is the “Minimum Rate.”

For the purposes of this RFA, HAHSTA expects that the costs of housing within a given facility will be consistent across all housing slots without regard to funding source. Any planned discrepancy in the costs among housing slots should be described clearly in the budget narrative.

	Facility-Based Housing Cost	Housing Slots	Minimum Rate
<i>Note</i>	<i>Calculated in Step 3</i>		<i>Divide Facility-Based Housing Cost by Housing Slots</i>
<i>Example</i>	<i>\$120,000</i>	<i>10</i>	<i>Per Year: \$12,000 Per Month: \$1,000 Per Night: \$33.33</i>
	\$		Per Year: \$ Per Month: \$ Per Night: \$

Step 5. Propose a number of housing slots that will be proposed to be supported in the application submitted in response to this RFA.

Step 6. Propose and describe a “Capacity Adjustment.” A capacity adjustment reflects the reality that at least some slots will not be filled for at least some nights, and creates the capacity to absorb the costs for an expected number of vacant slots. Applying a capacity adjustment increases the costs paid for each night the slot is filled and billed, and allows the provider compensation for the total costs incurred.

For the purposes of this RFA, HAHSTA will permit a capacity adjustment no less than 90% for Facility-Based Housing (Emergency) rate program calculations, and no less than 95% for Facility-Based Housing (Transitional) program rate calculations. This results in an “Adjusted Rate.”

To calculate the Adjusted Rate, divide the Minimum Rate by the Capacity Adjustment and multiply by 100%

	Minimum Rate	Capacity Adjustment	Adjusted Rate
<i>Note:</i>	<i>Calculated in Step 4</i>	<i>See above</i>	<i>Divide Minimum Rate by 90%, Multiply by 100%</i>
<i>Example:</i>	<i>\$ 33.33</i>	<i>90%</i>	<i>\$ 37.03</i>

Note 1 Sub-grants awarded under this RFA will require calculation of a “Billable Rate.” A billable rate is equal to the Adjusted Rate, with a deduction equal to the required client contribution of thirty percent of income; client with no income have no required contribution. Because billable rates are specific to the circumstances of clients served, applications under this RFA do not require calculation or discussion of the billable rate.

Note 2 Awards made under this RFA will require submission of a cost report by the awardee and documentation of the actual costs incurred for every item used to calculate the rate. The cost report will be submitted monthly, with a year-to-date summary.

Cost reports that document expenditures less than used to calculate the rate may result in recoupment of funds.

Budget Development (Supportive Services)

Applicants for one or more supportive service will include a detailed line-item budget and budget justification that describes the costs proposed to implement the proposed supportive service. See Attachment H for the on-line location of an Excel workbook for this budget proposal.

HAHSTA may not approve or fund all proposed activities. Give as much detail as possible to support each budget item. List each cost separately when possible.

Provide a description for each job, including job title, function, general duties, and activities related to this grant: the rate of pay and whether it is hourly or salary; and the level of effort and how much time will be spent on the activities.

Budget Development (Project Sponsor Administration)

Federal legislation imposes a maximum of seven percent (7%) for all administrative or indirect costs activities for Housing Opportunities for Persons Living with HIV/AIDS sub-grants. Organizations with a current and approved local or federal Negotiated Indirect Cost Agreement (NICRA) may propose a rate for administrative and indirect costs, provided that the proposed rate does not exceed seven percent of the proposed budget. Organizations that do not have a current and approved NICRA will propose specific budgets for staff and other costs that comprise the administrative and indirect costs.

HAHSTA may not approve or fund all proposed activities. Give as much detail as possible to support each budget item. List each cost separately when possible.

Provide a description for each job, including job title, function, general duties, and activities related to this grant: the rate of pay and whether it is hourly or salary; and the level of effort and how much time will be spent on the activities.

See Attachment H for the on-line location of an Excel workbook for this budget proposal.

Budget Summary (Example)

Tabled below is an example of a proposed budget. The sole purpose of this example is to demonstrate the two caps on proposed budget.

				Notes
Category A	100,000	75%		<ul style="list-style-type: none">Category A and B combined are a minimum of 75% of the Program SubtotalCategory C is a maximum of 25% of the Program Subtotal
Category B	210,000			
Category C	103,333	25%		
Program Subtotal	413,333			
Project Sponsor Administration	31,111		7%	Project Sponsor Administration is a maximum of 7% of the Total
Total	444,444			

Section VII. Post-Award Activities

Successful applicants will receive a Notice of Grant Award (NOGA) from the DOH HAHSTA Grants Management Office. The NOGA shall be the first binding, authorizing document between you and DOH HAHSTA. The NOGA will be signed by an authorized grants management officer and mailed to the fiscal officer or executive director identified in the application. Next you will be required to meet DOH HAHSTA staff and submit final Table A's (describe) and budget and

justification revisions, AND sign a grant agreement between you organization and the DOH HAHSTA

Grantees must submit monthly data reports and quarterly progress and outcome reports using the tools provided by HAHSTA and following the procedures determined by HAHSTA. If you are funded, reporting forms will be provided during your grant-signing meeting with HAHSTA. For FY09, we performing an in-depth review of reporting forms and variables, and will be both soliciting input on streamlining reports and selecting key variables, and also implementing data quality measures to ensure the reported data are valid and consistent across providers.

Continuation funding is dependent upon the availability of funds for the stated purposes, fiscal and program performance under the sub-grant agreement, and willingness to incorporate new District-level directives, policies, or technical advancements that arise from the community planning process, evolution of best practices, or other locally relevant evidence.

Section VIII. Assurance Submission Requirements

This section describes the requirements for submission of assurances, certifications and other documents required.

Assurances and certifications are of two types: those required to submit applications and those required to sign grant agreements. Failure to submit the required assurance package will make the application ineligible for funding consideration [required to submit assurances] or in-eligible to sign/execute grant agreements [required to sign grant agreements assurances].

A list of current HAHSTA sub-grantees with valid assurance packages on file with HAHSTA will be available for review at the pre-application conference. Current sub-grantees who do not attend the pre-application conference may contact their grant monitor after the conference to review the list of their valid assurance packages on file. Organizations with confirmed valid assurance package on file will not be required to submit additional information. Organizations without a confirmed valid assurance package on file will be required to submit the pre-application assurances listed below.

Assurances Required to Submit Applications (Pre-Application Assurances)

1. Signed Federal Assurances
2. A Current Business license, registration, or certificate to transact business in the relevant jurisdiction:
3. 501 (C) (3) Certification. For non-profit organizations
4. Current Certificate of Clean Hands (formerly “Certificate of Good Standing”)
5. List of Board of Directors

6. All Applicable Medicaid Certifications

For the purposes of this RFA, this is required of applicants proposing Substance Abuse Services in Category C: Supportive Services. Applicants must demonstrate certification to bill and collect Medicaid for Substance Abuse services.

It is recommended that the HAHSTA Assurance Packet is submitted to Financial Management and Administrative Services Division by July 2, 2013 to allow for review and evaluation.

Proposals from organizations that do not have complete and current “Assurances Required to Submit Applications” will not be considered for funding. Applicants who submit assurances prior to the July 2, 2013 deadline should CONFIRM that the HAHSTA Assurance Packet has been listed as complete. The Financial Management and Administrative Services Division can be reached at 202-671-4900.

For contact and submission information see the “Application Submission” section.

Section IX. Grant Terms and Conditions: District of Columbia

All grants awarded under this program, shall be subject to the following terms and conditions:

1. Audits

At any time or times before final payment and three (3) years thereafter, the Grantee (District of Columbia Department of Health HIV/AIDS, Hepatitis, STD, TB Administration) may have the organization’s expenditure statements audited.

The organization shall retain independent auditors to audit all projects which are funded by a CARE Act grant award on an annual basis, or at such time as the Federal, State or the County shall determine, in accordance with OMB Circular No. A-133.

2. Insurance

During the term of the grant, all organizations shall be required to obtain and keep in force commercial general liability insurance, to include off premises activities when applicable, covering bodily injury, death, and property damage in the minimum amounts of two hundred thousand dollars (\$200,000.00) per person and five hundred thousand dollars (\$500,000.00) per occurrence. All Certificates of Insurance must list the specific applicable dollar amounts as described herein. Organizations may be required to carry additional insurance depending on the service categories provided under the terms of their award, as follows:

- a. The organization shall carry employer's professional liability coverage of at least two hundred thousand dollars (\$200,000.00) per person and five hundred thousand dollars (\$500,000.00) per occurrence.

- b. The organization shall require and maintain professional liability coverage on all contracted workers/consultants of at least two hundred thousand dollars (\$200,000.00) per person and five hundred thousand dollars (\$500,000.00) per occurrence.
- c. In instances where organization-owned vehicles are utilized in transporting clients served or employees and/or consultants funded by this project, the organization shall carry comprehensive automobile liability insurance covering all automobiles used in connection with the grant. The policy shall provide for bodily injury, death, and property damage liability in the minimum amounts of Two hundred thousand dollars (\$200,000.00) per person and Five hundred thousand dollars (\$500,000.00) per occurrence.
- d. The organization shall carry workers' compensation insurance covering all of its employees employed upon the premises and in connection with its other operations pertaining to the grant agreement, and shall comply at all times with the provisions of the workers' compensation laws of the District of Columbia.
- e. Organization must include original Certificates of Insurance for all insurance requirements as detailed by this section in grant proposals submitted for consideration. All Certificates of Insurance shall set forth District of Columbia as a Certificate Holder and as Additional Insured. All insurance shall be written with responsible companies licensed by the District of Columbia. The policies of insurance shall provide for at least thirty (30) days written notice to the Grantee's Grants Management Division, prior to their termination or material alteration. All certificates must have an original written or stamped signature. Copies are not acceptable.

3. Compliance with Tax Obligations

Prior to execution of a grant agreement as a result of this announcement, a recipient must be in compliance with tax requirements as established in the District of Columbia or eligible jurisdiction and with Federal tax laws and regulations. Nonprofit organizations must register annually to meet tax exemption requirements.

4. Drug-Free Workplace

The organization agreement shall contain a provision requiring the organization to abide by the certifications contained in this announcement (Attachment O).

5. Vendor Assurances

The organization shall submit and comply with all document requirements as determined by the District of Columbia Department of Health, HIV/AIDS, Hepatitis, STD, TB Administration. The following documents will be included for completion with the organization agreement:

- a. Vendor Oath and Certification;

- b. Certification of Assurance of Compliance Regarding Fair Labor Standards Act;
- c. Bidder/Offer or Affidavit and Statement of Ownership; and
- d. Corporate Acknowledgment - Whenever the DOH is contracting with a corporate entity or partnership, an acknowledgment must be executed in order to assure the DOH that the person signing the document on behalf of the entity has the authority to bind the entity to the terms and conditions of the agreement. This Corporate Acknowledgment must be notarized.

6. District of Columbia Regulatory Requirements

- a. Organizations seeking funding for Food Bank and Home Delivered Food (Meals or Groceries) services must include a copy of the current Food Permit issued by the Food Protection Division of District of Columbia or such appropriate designated division of the government with proposal.
- b. Organizations seeking funding for Child Care services are required to comply with the regulations set forth by the Day Care Licensing Division of District of Columbia. Organizations seeking funding in any service categories that include work with children are required to complete Criminal Background Investigations annually (conducted through local law enforcement agency) on all paid or volunteer service providers.
- c. Organizations employing or contracting with Health Care Professionals licensed under Health Occupations Code must include copies of the appropriate jurisdictional licenses with grant proposals.

7. Confidentiality

The applicant must demonstrate that they will protect the identity of those HIV infected persons receiving services. All records and other identifying information will be maintained in a secure place. The purpose of confidentiality is to protect persons by minimizing disclosure of information about them. Any breach of this policy is liable for civil penalty damage.

All Covered Entities and Business Associates (as defined by the HIPAA Privacy Standards) must comply with HIPAA.

8. Quality Improvement

The organization shall agree to participate in Quality Improvement activities and record review processes established by the Grantee, the District of Columbia Department of Health.

9. Compliance with the Americans with Disabilities Act

Consistent with the American with Disabilities Act of 1990, all facilities shall be accessible to persons with mobility limitations.

10. Client Satisfaction and Grievance Procedure

The organization shall agree to maintain and disseminate information regarding the client grievance process and shall provide a mechanism for assessing client satisfaction with services annually.

11. Term

The term of the FY 2014 grant year shall be October 1, 2013 through September 30, 2014.

12. Availability of Funds

The funds listed in this RFA are projections. The actual amount allocated to a given service category are not known at this time. The funds for each service category will depend upon the receipt of funds from HRSA, to the Part A Eligible Metropolitan Area, the allocation plan approved by the Planning Council and the Part B program.

13. Budget

A complete set of budget forms must be submitted for each service category for which you are requesting funding. Budget forms and instructions are included in Attachment H.

14. Information Systems

During the term of the grant, organizations are required to obtain and maintain all hardware, software and training necessary to collect and report all data via CAREWare or data collection tools provided by or approved by HAHSTA.